FOR OFFICE USE ONLY

PROOF OF CLAIM NO. _____
DATE RECEIVED:_____

PROOF OF CLAIM

IN THE MATTER OF

PHICO INSURANCE COMPANY (IN LIQUIDATION)

Deadline for filing April 1, 2003

READ ALL MATERIALS CAREFULLY BEFORE COMPLETING THIS FORM – COMPLETE ALL SECTIONS
FILL IN ALL BLANKS - PLEASE PRINT CLEARLY OR TYPE

Make corrections to Name & Address below

Claimant Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Country: _____

Social Security /E.I.N. #: _____ e-mail: _____

Daytime Phone #: (include area code)_____

Name of Insured: _____
Policy Number: _____ Claim Number: (if previously filed) _____
Date of Loss: _____ Agent Number: _____

Claim is for (check X or specify below)

1		POLICYHOLDER or THIRD PARTY CLAIM	Claim by insured of PHICO Insurance under a PHICO Insurance policy for POLICY BENEFITS or Liability claim against an insured of PHICO Insurance for POLICY BENEFITS.
2		RETURN of UNEARNED PREMIUM or OTHER PREMIUM REFUNDS	Portion of paid premium not earned due to early cancellation of policy or retro or audit adjustment.
3		GENERAL CREDITOR	Such as Attorney fees, Adjuster fees, Vendors, Lessors, Consultants, Cedents and Reinsurers.
4		AGENTS' BALANCES	Agents' Earned Commissions.
5		ALL OTHER	Describe _____.

In the space below give a Concise Statement of the Facts giving rise to your claim. Attach additional sheets if required. _____
_____
_____
_____
_____

AMOUNT OF CLAIM: $_____
Is there OTHER INSURANCE that may cover this claim? Yes ( ) No ( )
If YES provide name of insurer(s) and policy number(s): _____
_____

Does an ATTORNEY REPRESENT you? Yes ( ) No ( ) If YES provide attorney's name, address & telephone number: _____
_____
_____

Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this claim? Yes ( ) No ( ) If YES provide the following:
Court Where Filed: _____
DATE FILED & DOCKET NUMBER: _____
PLAINTIFF(S): _____
DEFENDANT(S): _____

I verify that the statements made in this proof of claim are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 19 Pa. C.S. §4904 (relating to unsworn falsification to authorities).

If the foregoing Proof of Claim alleges a claim against a PHICO insured (third party claim), the undersigned hereby releases any and all claims which have been or could be made against such PHICO insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limits and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.

_____ _____
Claimant Signature Date